



## STATE OF DELAWARE

### MATTRESS, PILLOW AND BEDDING PROGRAM

#### TITLE 16 DELAWARE CODE CHAPTER 21

#### APPLICATION FOR INITIAL PERMIT AND PERMIT RENEWAL TO MANUFACTURE OR SHIP BEDDING PRODUCTS INTO DELAWARE

Answer all questions and return to:  
(Print legibly)

DPH HSP OFP  
417 FEDERAL ST  
DOVER, DE 19901-3635

Ph: 302-744-4546 Fax: 302-739-3839

1. Legal name of business to appear on permit: \_\_\_\_\_

Address to mail permit (include business name if different from above): \_\_\_\_\_

2. Do you manufacture bedding products? YES\_\_\* NO\_\_

\* If YES: list physical location (City, State, Country) of bedding manufacturing sites: \_\_\_\_\_

3. Do you distribute bedding products manufactured by others? YES\_\_\* NO\_\_

\*If YES, list the Business Names and Locations of suppliers whose products you distribute.  
(Use extra sheets if needed.) \_\_\_\_\_

4. List types of bedding products shipped into Delaware: \_\_\_\_\_

► Attach one (1) Law Label bedding tag with Uniform Registry Number (URN) - For both Initial and renewal.

**No permit will be issued without an original law label attached to application. URN** \_\_\_\_\_

- Each different Uniform Registry Number requires a separate permit application and \$50 fee.
- Make additional copies of this application as needed.

► Enclose check or money order in amount of **\$50.<sup>00</sup> US** payable to **STATE OF DELAWARE**

#### **ATTENTION OVERSEAS COMPANIES:**

Enclose money order or bank draft with US DOLLARS IMPRINTED ON THE MONEY ORDER OR BANK DRAFT.

**Payments with hand-written US Dollar amounts cannot be accepted from outside U.S. Check No.** \_\_\_\_\_

#### **Contact Information: (Please print legibly and sign in ink)**

Name of person to whom permit will be sent: \_\_\_\_\_

Phone No & Extension \_\_\_\_\_ Fax No. \_\_\_\_\_

Note: This office cannot place telephone calls or send faxes outside U.S.

E-MAIL Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Applicant - Do not write below the dotted line**

Date Approved: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Bedding Permit Number \_\_\_\_\_

Signature of Official: \_\_\_\_\_ PAID STAMP: